

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)SERIAL NO.
09774925

APPLICANT(S)

FILING DATE

1/31/01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3	1					
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	25	↔	↔	↔	↔	↔
TOTAL CLAIMS	28	↔	↔	↔	↔	↔

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔	↔	↔
TOTAL CLAIMS						